

AMENDMENT TO AGREEMENT

THIS AMENDMENT (hereinafter "Amendment") is made and entered into this 26th day of January, 2009, by and between SHELBY COUNTY GOVERNMENT (hereinafter "County") and UNITED WAY OF THE MID-SOUTH (hereinafter "Consultant").

WHEREAS, the parties previously entered into an Agreement (hereinafter "Agreement") for the period of April 1, 2007 through February 29, 2008 for provision of services related to the Ryan White Comprehensive AIDS Resources Emergency Act HIV Relief Grant Program, Part A (CARE Act); and

WHEREAS, the agreement provided for two additional annual renewal periods; and

WHEREAS, a resolution was passed by the Shelby County Board of Commissioners on June 23, 2008 to exercise the first renewal for the period of March 1, 2008 through March 31, 2009; and

WHEREAS, the parties now desire to enter into this Amendment to renew the agreement for services related to the Ryan White Comprehensive AIDS Resources Emergency Act HIV Relief Grant Program, Part A (CARE Act) for the period of April 1, 2009, through February 29, 2010; and

NOW, THEREFORE, for and in consideration of the mutual promises of the parties to this Agreement and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties hereto do hereby agree as follows:

1. The Agreement is hereby renewed for the period beginning March 1, 2009, through February 29, 2010.
2. The total cost of this Amendment shall not exceed ONE MILLION TWENTY THREE THOUSAND FOUR HUNDRED FORTY ONE AND 00/100 DOLLARS (\$1,023,441.00) payable in accordance with the terms of the Agreement for the grants as outlined on the attached Exhibit A
3. This Amendment shall be subject to and contingent upon the Board of County Commissioners' approval of the cost for this Amendment within Shelby County Government's Operating Budget.
4. Except as amended herein, the terms and conditions of the original Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Agreement on the 26 day of January 2009.

APPROVED:

SHELBY COUNTY GOVERNMENT

Contract Administrator/
Assistant County Attorney

A C WHARTON, JR., MAYOR

UNITED WAY OF THE MID-SOUTH

By: *Harry Shaw*

Title: President

Date: 1/26/09

CORPORATE ACKNOWLEDGMENT

STATE OF TENNESSEE
COUNTY OF SHELBY

Before me, the undersigned Notary Public, in and for the State and County aforesaid, personally appeared *Harry Shaw*, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged himself/herself to be president or other officer authorized by appropriate Corporate action and/or Resolution to execute the preceding instrument of the *United Way of Mid-South* the within named bargainor, a corporation, and that he as such *President*, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by himself/herself as *President*.

WITNESS my hand and official seal at office this *26* day of *January*, 2009.

Barbara J. Butler
Notary Public

My Commission Expires: MY COMMISSION EXPIRES: AUGUST 31, 2010

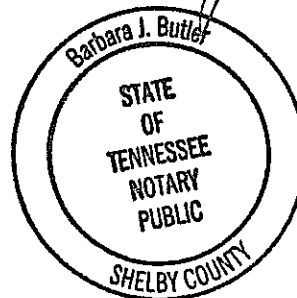


EXHIBIT A – Grants and Encumbrance Amounts Covered Under This Amendment

FY08 Part A	\$270,844.00
FY07 MAI	\$385,596.00
FY08 MAI	\$367,001.00
	\$1,023,441.00

CONTRACT NO. CA

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Ryan White Grant
2. Preparer's Name, Telephone #, and E-Mail Address:
Dottie Jones, 545-4274, dottie.jones@shelbycountyttn.gov
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
Services for Persons with HIV and AIDS
4. NAME, ADDRESS, VENDOR NUMBER, AND EOC NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
United Way of the Mid-South
6775 Lenox Center
Memphis TN 38115
VENDOR NO. 75410
EOC NO.
5. COST OF ITEM OR SERVICE REQUESTED: 1,023,441.00
6. TERM OF PROPOSED CONTRACT/AGREEMENT: April 1, 2009-February 28, 2010
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
451-480595-6637 - \$270,844.00 / 454-480595-6637 - \$385,596.00
455-480595-6637 - \$367,001.00
8. COMMODITY CODE:
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
PLEASE ATTACH APPROVAL DOCUMENTS
a. ☐ Bid/RFP Process - # & Date
b. ☐ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description
☐ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
☐ MALE ☐ FEMALE
☐ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
☐ LOSB (LOCALLY OWNED SMALL BUSINESS)
ANNUAL SALES DOES NOT EXCEED \$3 MILLION
☐ N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)
Contract Extension

REVIEWED AND APPROVED BY:

ELECTED OFFICIAL

DEPARTMENT HEAD

DATE

DIVISION DIRECTOR

DATE

01/26/09